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DECLARATION FOR UTILITY OR			Attorney Docket Num							
	ECLARA		SIGN	First Named Inventor		Gerald J	. REINHARD			
	PATE	A TV	PPLICATION	COMPLETE IF KNOWN						
(37 CFR 1.63)				Application Number	/					
Su	Declaration	OR	☐ Declaration	Filing Date						
	Submitted with Initial		Submitted after Initial	Group Art Unit						
	Filing		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name						

As a below named inventor, I hereby declare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
DEVICES FOR CHECKING THE QUALITY OF SHEETS											
the specification of which (Title of the Invention)											
is attached hereto OR	is attached hereto OR										
was filed on (MM/D											
Application Number PCT/											
I hereby state that I have re	viewed and understand the	contants of the phone idea		n, including the claims, as							
	anielided by any anielidine it specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.											
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country	Foreign Filling Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO							
103 32 212.4	DE	0.7/16/2003	0000								
Additional foreign apolica	tion numbers are listed as a	gundlemental salada data	-1								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
Application Number(s) Filing Date (MM/DD/YYYY)											
			numbe supple	onal provisional application ers are listed on a emental priority data sheet SB/02B attached hereto.							

[Page 1 of 2]

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PTO/SB/01 (12-97)

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DE	JLA	RATION		Utility	or l	<u>De</u>	sig	n Par	tent	<u>Ap</u>	plicati	on	
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Number						Parent Filing Date Pa				Par	rent Patent Number (if applicable)		
PCT/CH 2004/000453						07/15/2004			(weppilousie)				
☐ Additional	U.S. or F	CT international ap	plication	numbers are	listed on	a supp	lemen	lal priority da	ta sheet	PTO/SB	/028 attached	hereto.	
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number Place Customer Number Bar Code													
			X Re	gistered pract Registra		name/	registra	ation number	fisted be	bw L	label he		
	Name	9 .	-	Numb				N:	ame	Registration Number			
Clifford W. Browning				32,201									
Additional r	egistered	practitioner(s) nam	ed on si	upplemental F	Registered	Practi	itioner I	Information s	heet PTC	D/SB/020	C attached here	elo.	
	☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below												
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punishable by	fine or in	statements made further that these prisonment, or bot issued thereon.											
Name of Sole or First Inventor:									entor				
Gi	ven Nan	ne (first and midd	le (if an	yl)				Fam	ily Name	e or Su	mame		
	Gera	ld Josef		1				R	EINH	ARD			
Inventor's Josef Josef						M	int				Date	20.8,2004	
Residençe: City		// Sulzfeld	lzfeld State		•	. Country DE			E		Citizenship	DE	
Post Office A	Post Office Address Alte Schulgasse 1												
Post Office A	Post Office Address												
City		Sulzfeld s	ate		ZIP	9	732	0	Cod	untry	. DE		
Additional	invento	rs are being name	ed on t	he <u>1</u> sup	plementa							ched hereto	

PTO/SB/02A (3-97)
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

							•						
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any])						Family Name or Surname							
Volkmar Rolf					SCHWITZKY								
Inventor's Signature	Vollmor Roff	Date 09.					79.08.2004						
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Post Office Address													
Cify .	Würzburg	State			ZIP	97076	Countr	y	DE				
Name of Addition	al Joint Inventor, if an	y:		A petition has been filed for this unsigned inventor									
Given Nan	ne (first and middle [if any])			Family Name or Sumame								
Ma	anfred Georg			STÖHR									
Inventor's Signature	Marked Georg	Est.						Date		11.8.7004			
Residence: City	Güntersleben	üntersleben State Country		DE .		Citizer	DE Citizenship						
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Name of Additional Joint Inventor, if any:													
Given Nar	Given Name (first and middle [if any])							Family Name or Surname					
Johannes Georg						SCHAEDE							
Inventor's Signature	la	de				Date		2. Ang 2004					
Residence: City	Würzburg	State			Country	DE	DE		DE Citizenship				
Post Office Address	Max-Heim-Stra	s s e 8											
Post Office Address							-			*			
City	Würzburg	State			ZIP	97074		DE Country		E			

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